

Staff Name: _____

Date: _____

ConsultNet, LLC Professional Profile

PLEASE COMPLETE PAGES 1 through 5

Last Name First Name Initial

Street Address City State Zip

Home Phone Business Phone Cell/Pager E-mail Address

Date of Application Position Desired

Desired Pay Rate (Hrly/Yearly) Minimum acceptable (Hrly/yearly) Referral Source

Desired Employment: Contract Direct Available Start Date: _____

Interviewing Dates and Times: _____

Commuting Distance/Relocation: _____

Have you ever applied for employment with ConsultNet? Yes No If yes, when and where?

Are you legally permitted to work in the U.S.? Yes No Proof of employment eligibility will be required upon employment.

EDUCATION:	SCHOOL	CITY	STATE	MAJOR	CREDITS DEGREES, DIPLOMAS	DID YOU GRADUATE?
HIGH SCHOOL						
COLLEGE						
GRADUATE						
TECHNICAL CERTIFICATES						

List user groups, trade organizations and/or frequently visited websites.

The company offers equal employment to all applicants for employment and all employees regardless of sex, age, race, color, religion, national origin, ancestry, martial status, veteran status, sexual orientation, disability, or any other status protected by applicable law. An applicant who does not meet the minimum qualifications of the position(s) for which they applied will not be considered for employment.

**WORK EXPERIENCE ~ IT MAY INCLUDE VOLUNTEER EXPERIENCE.
PLEASE COMPLETE THIS SECTION EVEN IF YOU HAVE A RESUME.**

Company: _____ Position: _____ Contract Direct

Address: _____

Employed From: _____ To: _____ Starting Pay: _____ Ending Pay: _____

Reason for Leaving: _____ Supervisor: _____ Title: _____

Assigned/Placed By: _____ Contact: _____

S What was the SITUATION at the company in which you were hired (Why did they need to fill the position) ?

T What TASKS were you assigned to (Project) ?

A What ACTIONS did you take to accomplish your tasks?

R What was the RESULT(S) of your actions?

V If we were to ask your manager, what would he/she say to VALIDATE the importance of your accomplishments?

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CERTIFICATION

I hereby affirm that the information provided on this Professional Profile (and any resume submitted) is true, accurate and complete, and that I have withheld nothing that would, if disclosed, affect this application for employment unfavorably. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in my discharge if discovered at a later date. I understand that completion of the Professional Profile does not assure me of a position with the Company. I also understand that neither this Professional Profile nor any other document constitutes a contract of employment for a specific term and that any employment relationship that may be established will be "at will" and may be terminated at any time, for any reason or no reason, by me or the Company. I understand that no representative of the Company has any authority to enter in any agreement for employment with me contrary to the foregoing.

I hereby authorize the Company to investigate all information pertinent to my application in order to determine my qualification for employment. I hereby authorize all persons and organizations having information relevant to my application to provide the information to the Company and I hereby agree to hold harmless the Company and all those providing information to it from any liability arising out of or as a result of the request for, the provision of or use of such information. I understand that any offer of employment may be rescinded or my employment terminated if my references are inadequate or unacceptable to the Company, or if I violate any of the provisions of this Certification.

I understand that: (1) I am required to contact the Company immediately after the completion of any assignment, for the purpose of requesting a new assignment, and the failure to do so may affect my eligibility for unemployment benefits. (2) The Company may require me to submit to a drug test prior to employment and any time during my employment, to the extent permitted by applicable law. (3) The Company may require me to consent to or authorize the disclosure of my criminal record and/or consumer report prior to employment and at any time during my employment, to the extent permitted by applicable law.

As permitted under applicable law, I acknowledge that any clients introduced to me by ConsultNet are clients of ConsultNet. I agree that I shall not work directly or indirectly (through any other agency) for any client introduced to me by or through ConsultNet for a period of six months from any such introduction.

By my signature below, I have given ConsultNet expressed permission to exclusively represent my employment interests at the companies listed below. I represent that I am only willing to accept employment for these positions through ConsultNet and that no other agency has been given my authorization to represent me in these matters. Further, I agree that I may modify this list of companies and positions by providing e-mail or other written notice. I certify that the hourly rates or minimum salary/compensation expectation that I have provided on page 1 are acceptable, and that I will not alter these rates or expectations after providing representation authorization. I understand that ConsultNet goes to great length to develop and maintain client relationships. As such, I agree that I will not disclose the client names, manager names or potential assignment details to any other agency.

<u>Company</u>	<u>Position</u>
_____	_____
_____	_____
_____	_____
_____	_____

<u>Company</u>	<u>Position</u>
_____	_____
_____	_____
_____	_____
_____	_____

Signature: _____

Date: _____

PRIMARY SKILLS AND KNOWLEDGE

SOFTWARE

LANGUAGES

1. _____ Yrs. ____	1. _____ Yrs. ____
2. _____ Yrs. ____	2. _____ Yrs. ____
3. _____ Yrs. ____	3. _____ Yrs. ____
4. _____ Yrs. ____	4. _____ Yrs. ____
5. _____ Yrs. ____	5. _____ Yrs. ____

APPLICATIONS

DATABASE

1. _____ Yrs. ____	1. _____ Yrs. ____
2. _____ Yrs. ____	2. _____ Yrs. ____
3. _____ Yrs. ____	3. _____ Yrs. ____
4. _____ Yrs. ____	4. _____ Yrs. ____
5. _____ Yrs. ____	5. _____ Yrs. ____

OPERATING SYSTEMS

HARDWARE

1. _____ Yrs. ____	1. _____ Yrs. ____
2. _____ Yrs. ____	2. _____ Yrs. ____
3. _____ Yrs. ____	3. _____ Yrs. ____
4. _____ Yrs. ____	4. _____ Yrs. ____
5. _____ Yrs. ____	5. _____ Yrs. ____

CAD SYSTEMS

DEVELOPMENT TOOLS/OTHER

1. _____ Yrs. ____	1. _____ Yrs. ____
2. _____ Yrs. ____	2. _____ Yrs. ____
3. _____ Yrs. ____	3. _____ Yrs. ____
4. _____ Yrs. ____	4. _____ Yrs. ____
5. _____ Yrs. ____	5. _____ Yrs. ____

SUPERVISORY REFERENCES

Name	Company	Title	Phone
1.			
2.			
3.			
4.			

PEER REFERENCES

Name	Relationship	Company	Skill	Home/Business Phone
1.				
2.				
3.				
4.				
5.				

STAFFING FIRMS CONTACTED

DATE

NAME OF CONTACT

1.		
2.		
3.		
4.		
5.		

WEBSITE POSTINGS

DATE

RESULTS

1.		
2.		
3.		
4.		
5.		

COMPANIES SUBMITTED TO AND INTERVIEWS SCHEDULED/OR CONDUCTED IN LAST SIX MONTHS

COMPANY/LOCATION

CONTACT

JOB TITLE

DATE/STATUS

1.			
2.			
3.			
4.			
5.			

